



North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services  
**CHERRY HOSPITAL**

201 Stevens Mill Road • Goldsboro, N.C. 27530-1057 • Courier #01-11-05

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Michael F. Easley, Governor  
Dempsey Benton, Secretary  
Michael S. Lancaster, M.D. and  
Leza Wainwright, Directors

Jack St. Clair, Ed.D., NHA  
Cherry Hospital Director

August 21, 2008

Janetta Booker for  
Sandra M. Pace  
Associate Regional Administrator  
Centers for Medicare & Medicaid Services  
61 Forsyth St., Suite 4T20  
Atlanta, GA 30303-8909

**Re: Plan of Correction CMS Certification Number (CCN): 34-4003**

Please accept the enclosed Plan of Correction for CMS Certification Number (CCN): 34-4003. If you have questions regarding the enclosed document, please contact Ms. Mabel Sudderth, Chief of Standards Management, at (919) 731-3203.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jack St. Clair".

Jack S. Clair, Ed.D., NHA  
Hospital Director

JSC/cb

Enclosure

cc: Leza Wainwright, MHDDSAS, Co-Director  
James W Osberg, Chief, State Operated Services  
Laura White, Team Leader  
Doug Stanton, NC Division of Health Service Regulation  
Kimberly Johnson, Clinical Director  
Bonnie Gray, Director of Nursing  
Mabel Sudderth, Chief of Standards Management  
Judy Casey, Compliance Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/13/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  344003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/09/2008
NAME OF PROVIDER OR SUPPLIER  CHERRY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 201 STEVENS MILL ROAD GOLDSBORO, NC 27530	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 000	<p>INITIAL COMMENTS</p> <p>An unannounced onsite investigation was conducted from 08/06/2008-08/09/2008 in order to determine the hospital's compliance with the Conditions of Participation.</p> <p>Based on survey findings, an immediate jeopardy was identified and was determined to be ongoing as evidenced by the following:</p> <p>1. Record review of Patient #1 revealed a 50 year-old male admitted under petition for involuntary commitment to the 3 West Ward of the U2 Building on 04/26/2008 with bipolar disorder. The review revealed Patient #1 choked after receiving medication administered by unlicensed personnel (HCT) on 04/28/2008 at 2020 and subsequently fell. The medication nurse (LPN) failed to respond to the emergency, failed to assess the patient after the incident and failed to report the incident to the charge registered nurse. The charge nurse (RN) failed to assess the patient, failed to report the incident to the supervisor, delayed reporting the choking incident to the physician's assistant (PA) and failed to report the fall to the PA. Patient #1 sat down in a chair in the dayroom (high traffic area) on 04/28/2008 at 2225 after the fall and choking incident at 2020. The patient remained in the same chair for 22 hours and 34 minutes. The patient was seated in the chair over a duration of four different shifts of care providers: evening shift on 04/28/2008, night shift on 04/28/2008, day shift on 04/29/2008 and evening shift on 04/29/2008. Staff members failed to follow physician's orders for fluids and vital signs. Staff failed to offer fluids, nutrition and toileting assistance during the 22 hours and 34 minutes that the patient remained in the chair in the</p>	A 000	See Attached Plan of Correction	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

**Cherry Hospital**  
**CMS Plan of Correction**  
**Site Visit (08-06-08 – 08-09-08)**

**A 000: Initial Comments**

Cherry Hospital submits this allegation of compliance to remove the immediacy of jeopardy. Corrective actions submitted here in contains systemic changes that are implemented and monitored to ensure sustainability.

**A 043: Governing Body**

The Governing Body has put in place a plan of correction to ensure that patient is delivered in a safe, therapeutic environment that protects individual patient rights, as described below:

**A) Training for Nursing Personnel**

In order to ensure that nursing staff are knowledgeable about performance expectations, the Director of Nursing/Nurse Preceptors/Designees will provide training for all RNs, LPNs, and HCTs. Educational sessions were held beginning August 13, 2008 and concluded August 19, 2008. **(Refer to Exhibit A: Training Schedule).** All RNs, LPNs and HCTs attended a training session which covered the following topics:

- 1) an introduction by the Director of Nursing or Assistant Director of Nursing regarding performance expectations in regard to patient care responsibilities
- 2) a refresher on de-escalation and the correct NCI technique for a bite release
- 3) a review of the definition of neglect and specific examples of neglect

- 4) a review of policy revisions covering Intake and Output, Weights, Meals and Nourishments, Nursing Assignments, Nursing Process, Progress Note Frequency
  - 5) a review of shift report and staff assignment expectations
  - 6) a review of the scope of practice for RNs and LPNs
  - 7) a review of RN reassessment requirements and frequencies.
- (Refer to Exhibit B: Training Curriculum).**

Nurse Managers ensured that assigned staff have attended the training. Staff Development maintains the training rosters. Staff not available for the training from August 13 - August 19<sup>th</sup> will review a video of the training or complete a 1:1 tutorial prior to return to duty.

Additionally as a means to reinforce learning, ensure assimilation and accommodation of key topics addressed in training, the Director of Nursing will issued policies covered in the training with a read and sign memo by 8/19/08. All staff are to review the information by 8/25/08.

**(Refer to Exhibit C: Nursing Directives with Policies (Weights, Intake and Output, Meals and Nourishment, Nursing Process,**

**Assignment of Nursing Staff,  
Progress Note Frequency,  
Decision Tree for  
Incidents/Illness/Change in  
Condition)**

**Supervision**

In order to ensure that staff assess, monitor, and supervise patient care the Director of Nursing developed and implemented a plan to augment nursing management and supervision on the Adult Admission wards so that patient care performance can be addressed in real time with staff on duty. To maximize nursing leadership presence, Director of Nursing, Assistant Director of Nursing, Nurse Recruiter, Nurse Cs, Nurse Managers, Nursing Supervisors (NSAs), Clinical Nurse Specialist, and Nursing Preceptors increased their ward-time hours. **(Refer to Exhibit D: Schedule of Nursing Leadership Oversight in Admissions Units.)** This will allow for Nursing Leadership to:

- 1) Reinforce training content
- 2) Assess staff integration of training content into patient care delivery
- 3) Identify individual staff and group training needs
- 4) Provide immediate feedback, modeling, and coaching for staff

as they (staff) perform their duties

- 5) And, to personally interface with more patient care staff quickly and intensively than would be possible with the regular staffing of Nursing Supervisors and Nurse Managers.

The above nursing supervision augmentation is being accomplished as follows:

Beginning 08/16/08, for a 15 day period, Director of Nursing, Assistant Director of Nursing, Nurse Recruiter, Nurse Cs, Nurse Managers, Nursing Supervisors, Nurse Preceptors, and the Clinical Nurse Specialist:

- 1) Are spending designated time on the Admission Wards on a daily basis during a portion of each shift.
- 2) Will utilize guidelines specific to the functions for each position (RN, LPN, HCT) to monitor and ensure that position-specific functions are adequately performed. **(Refer to Exhibit E: Guidelines for Admission Unit Oversight).**
- 3) Work with staff in their patient-care duties and with RNs in their supervisory roles with HCTs,

providing feedback, and coaching as indicated.

- 4) Using the Guidelines for Admission Unit Oversight, the Nursing leaders providing intensive supervision will document on a daily basis those issues requiring follow-up with ward staff or ward procedures. The documentation of nursing leadership's observations, interventions and recommendations will be submitted to the DON on a daily basis. The DON will review this documentation to identify trends in performance that may negatively impact patient care and safety. This performance data will assist Nursing Leadership in providing targeted interventions to address the performance of specific individuals via counseling, coaching, and re-education, as well as to identify any systemic patient care and safety issues that require improvement strategies implemented by hospital and nursing leadership

To ensure that adequate supervision and patient care delivery are consistently and safely provided, Cherry Hospital will increase nursing staffing to two registered nurses (RN) per ward per shift on the Adult Acute Admissions wards. This will allow the RN to increase supervision and provide oversight of LPN and HCT staff in addition to performing initial and

ongoing assessments, care planning and patient education. With 2 RNs on duty, RN presence in the milieu allows the RN to monitor HCT staff interaction with patients and provide feedback, coaching, and supervision . It will also ensure that an RN interfaces with patients as well as staff throughout each shift, thereby continuing the "real-time" mentoring and oversight as provided during 0/8/16/08 through 09/01/08. Each RN assigned are receiving mentoring for supervisory skills. Various nurse leaders will continue to augment supervisory mentoring on an as needed basis as determined by observation, data reporting, daily rounds, and audits.

Working in conjunction with the Governing Body (DMHDDSAS), Cherry Hospital leadership closed one Adult Acute Admissions ward (3West) on August 21, 2008, leaving three wards operational in order to enable the hospital to ensure there are 2 RNs per shift per ward. Cherry Hospital will also delay admissions when the Acute Adult Admissions wards reach 100% capacity (67 beds). The 10 new RN positions allocated to Cherry Hospital by the 2008 Legislature will aid in fulfilling staffing requirements. These positions are posted as of August 21, 2008.

Nursing staff who were assigned to Acute Admissions Ward 3West who received

disciplinary action for the care of Patient A during April 28-29, 2008 were removed from direct patient care. These nursing staff will attend Hospital orientation beginning no later than September 8, 2008. Upon completion of retraining and demonstration of competency the staff will be assigned to patient care. (Refer to Exhibit E1 and E2: Nursing and HCT Orientation.)

#### **HCT Assignments**

The facility has enhanced processes to ensure that Health Care Technicians are aware of their patient care responsibilities. Nursing Services has designed a Health Care Technician Assignment Worksheet effective 8/20/08. (Refer to Exhibit

#### **F: Health Care Technician Assignment Worksheet).**

The Assignment Worksheet will be used by all HCTs to gather information during shift report, to use as a worksheet during their shift and to gather information that needs to be reported to the ward RN.

Implementation of this process will be validated as part of shift report audits. Information from the checklist will be used to assess and evaluate how well training has been assimilated into routine work

functions. A random sample of 50 shift reports per month, representative of all shifts in the admissions units, will be audited for four months beginning 8/20/08. Performance expectation is at least 95% compliance with Indicator # 3 on the shift report audit tool (e.g. HCT wrote notes on assignment worksheet during report.) **(Refer to Exhibit G: Hand-off Communication (Shift Report) RN Audit Tool).** Random audits will be performed following the four month audit period to validate sustained improvement.

In addition, a directive from the Director of Nursing was issued on 8/19/08 clarifying the role of the HCT. Each HCT will sign the directive to indicate he/she has received a copy of his/her signed job description and 2008-2009 Work Plan. The signature acknowledges review of attached policies and clarification of questions, if any. All HCTs will review the information and sign the directive by 8/25/08.

#### **Shift Report**

The facility has processes in place to ensure there is communication between shifts regarding each the

status of each patient. This is accomplished is through a designated shift report that occurs at each shift change. Audits are conducted to validate that, at a minimum, the following activities are occurring: the required staff is participating, the kardex and ward report are being used to relay information, staff are taking notes during report, basic nursing care issues are discussed, assignments are communicated, staff are attentive, accountability rounds are conducted and departing staff remain on duty until end of shift report. A random sample of 50 shift reports per month, representative of all shifts in the admissions units, will be audited for four months beginning 8/20/08. {For the sample, 50% of the audits are being performed by members of the hospital's nursing leadership team (Director of Nursing, Assistant Director of Nursing, Nurse Managers, Nurse Supervisor A's, Nursing Office Supervisors, Nurse C's, and Nurse Preceptors). 50% of the audits are being performed by the on-coming RN (**Refer to Exhibit: G: Hand-off Communication (Shift Report) RN Audit Tool.**) In addition, nursing leaders are mentoring/coaching and providing immediate feedback to the staff during the time periods in which they

are conducting the shift report audits. Performance expectation is at least 95% compliance with all indicators on the shift report audit tool. Random audits will be performed following the four month audit period to validate sustained improvement.

**B) De-escalation (Nursing Staff)**

It is the facility's policy for staff members to utilize de-escalation techniques when dealing with any potentially violent behavior. To ensure that therapeutic approaches are utilized, the hospital is taking the following corrective action:

- 1) All Nursing Services staff received refresher training on de-escalation and bite release by August 19, 2008. Nurse Managers will ensure that assigned staff have attended the training and Staff Development will maintain the training rosters. Staff not available for the training from August 13- August 19 will review a video of the training or complete a 1:1 tutorial prior to return to duty.
- 2) De-escalation posters will be posted in all the Treatment areas by 8/25/08.

**De-escalation (Clinical Services)**

It is the facility's policy for staff members to utilize de-escalation techniques when dealing with any

potentially violent behavior. To ensure that therapeutic approaches are utilized, the hospital is taking the following action:

- 1) All Medical Staff members will complete a refresher on de-escalation and bite release by 8/25/08. The Clinical Director will ensure that training is completed for all medical staff members who are on vacation, leave, etc. during August 18-25 and ensure they receive training upon return to duty. Training completion confirmation documentation will be maintained by Staff Development.
- 2) The staff member involved in the occurrence on April 28, 2008 with Patient B received full retraining in NCI techniques (on June 19, 2008)

**C) Notification of Guardians/Legally Responsible Persons**

To ensure the timely notification of guardians/legally responsible persons, the following corrective action was implemented:

1) The Abuse/Neglect/Exploitation Policy was revised, effective 8/21/08, to require notification of the guardian/legally responsible person within 24 hours of the receipt of the allegation. In addition to making telephone notification, a requirement was added to send a letter regarding the allegation of abuse, neglect, or exploitation to the guardian/legally responsible person/contact person. The telephone notification will be documented in a progress note in the medical record. A copy of the notification letter will be filed in the correspondence section of the patient record. The Social Work Department will make notifications Monday-Friday 8:00 – 5:00 p.m. Notifications after hours, weekends and holidays will be made by designated Royster Nursing Office Staff. **(Refer to Exhibit H: Abuse, Neglect, Exploitation Policy), (Refer to Exhibit I: Notification Letters)**

2) To ensure that all social work staff are aware of the procedural and policy changes, interim training was held on 8/14/08. **(Refer to Exhibit J: Training Notice, dated 8/12/08, issued by Social Work Program Director.)** All social workers who did not attend the training on 8/14/08 will be trained

upon return to duty. Additional training was conducted on 8/20/08 following refinements made to the reporting procedures. **(Refer to Exhibit K: Training notice, dated 8/18/08 from Social Work Program Director).**

3) The Social Worker assigned to Patient B received a supervisory conference and retraining on her role in regard to abuse investigations on June 3, 2008.

4) To prevent future notification delays, a procedural change was made so that notifications of allegations will be sent to the Social Work Department Office where allegation notifications will be tracked.

5) The Chief of Professional Services/designee will audit 100% of allegations that were reported for two weeks (8/9/08 – 8/23/08) to validate that notification has been made to the guardian//legally responsible person/contact person. Beginning 8/23/08, for a period of three months, audits will be conducted on 50% of allegations to validate that notifications were completed (8/24/08 – 11/24/08). Audit results will be reported to the Social Work Program Director for follow-up action if any deficiencies occur.

**D) Please refer to A043, A above**

**E) Please refer to A043, A above**

In addition, the Nursing Department has taken corrective action to ensure that the nutritional needs of patients are assessed and action taken if warranted. The following corrective action has been taken:

- A revision was made to the Meals and Nourishment policy and all nursing services staff were trained on the policy revision by 8/19/08 or prior to returning to duty. Included in the training is the expectation that a pattern of patient refusals of nourishment must be reported to the MD/PE.
- A licensed person (LPN or RN) has been assigned to the meal locations effective 08/20/08 in order to monitor and document meal consumption of each patient.
- A procedure change was implemented effective 8/20/08, where the RN or LPN is now required to document meal consumption on the Multipurpose Flow sheet. The Nursing

Supervisors will follow the Guidelines for Admissions Unit Oversight to monitor the documentation of meal consumption on the Multipurpose Flow Sheets.

**(Refer to Exhibit E)**

- A directive was issued on 8/19/08 by the Director of Nursing that requires an RN assessment and notification of the physician extender if there is a pattern of the patient not eating, drinking, or complying with nutritional orders. Nursing Supervisors will review ward reports daily to identify patients with a pattern of not eating, drinking, or complying with nutritional orders and validate that nursing staff followed instructions given in the 8/19/08 directive **(Refer to Exhibit C).**

**F) Please refer to A043, A and A043, E above.**

**G) Administration of Medication by Unlicensed Personnel.**

Please refer to A above under: Training, Supervision, and HCT Assignments.

The unlicensed staff member involved in the occurrence received disciplinary action and was re-educated regarding the role of the Health Care Technician on 7/10/08. In addition, the Licensed Practical Nurse who allowed the HCT to administer the medications received disciplinary action on 7/11/08. In order to ensure that all Health Care Technicians at the facility understand their scope of practice, a read and sign directive was issued by the Director of Nursing on 8/19/08. The directive addresses the role of the Health Care Technician which explicitly prohibits administration of medications by the Health Care Technician. Each HCT will sign the directive to indicate he/she has received a copy of his/her signed job description and 2008-2009 Work Plan. The signature will also indicate review of attached policies and discussion with a supervisor if the HCT has any questions. All HCTs will review the information and sign the directive by 8/25/08.

To validate that medications are being administered only by licensed personnel, additional oversight by RNs will be implemented on the wards. **(Refer to plan listed in A043, A, Supervision.)**

**H) MD's involvement in 4/28/08 occurrence**

The practitioner involved in the 4/28/08 occurrence will be inserviced regarding the need to assess situations and not interfere if other staff members are effectively intervening. A developmental plan for the practitioner will be completed by 8/25/08 as part of the hospital's Performance Management System. The progress by the practitioner with the developmental plan will be discussed and monitored through the credentials process. The Clinical Director will report the practitioner's progress on the developmental plan at the Credentials Committee meetings.

**Practitioner Report to NC Medical Board**

It is the intent of the facility to comply with all professional licensing boards' laws and regulations. Pursuant to a NC Medical Board Order dated August 5, 2008 presented by the NC Medical Board Investigator upon her visit to Cherry Hospital on August 12, 2008. Cherry Hospital provided all requested documentation and materials for Board review. On that date the Investigator interviewed the Hospital Director. Communication was received from the NC Medical

Board on 8/13/08 which stated that the facility was to refer to section A1 and 2 of Statute 90-14.13 and make a determination as to what applied to our situation. **(Refer to Exhibit L: August 5, 2008 North Carolina Medical Board Order to Produce records, Documents, or Other Materials. Fax Transmission, dated 8/13/08 from NC Medical Board). (Refer to Exhibit M: Change in Staff Privileges- LAW, Statute 90-14.13.)** A return visit by the NC Medical Board Investigator occurred on 8/18/08 at which time the practitioner and Clinical Director were interviewed. The findings of the Medical Board review are pending.

**Reporting to NC Medical Board**

In order to ensure that the facility meets all the NC Medical Board laws and regulations, the law regarding reporting changes in Staff Privileges (# 90-14.13) was distributed by the Clinical Director to medical staff members and discussed in a medical staff meeting on 8/11/08. **(Refer to Exhibit N: April 11, 2008 Medical Staff Meeting Minutes)**. Those medical staff not in attendance are accountable for reading the minutes and knowing the information. All medical staff members are required to sign and date an acknowledgment

that they have received and read the information by 8/25/08. The specific law and reporting requirements was inserted into the Credentials Committee Manual on 8/11/08 so that the Credentials Committee and staff responsible for credentialing will always be aware of it. **(Refer to Exhibit M: Change in Staff Privileges-LAW, Statute 90-14.13). (Refer to Exhibit O: April 12, 2008 Credential Committee Meeting Minutes.** The Clinical Director will meet with the Credentials Committee by 8/25/08 to discuss the changes.

**I) Disciplinary Action Issued**

In addition to the above actions, in accordance with the Office of State Personnel procedures and policies, thirteen employees received disciplinary action and one employee resigned prior to disciplinary action. Licensed personnel were reported to the NC Board of Nursing, and unlicensed personnel were reported to The Health Care Personnel Registry Section of the NC Department of Health and Human Services, Division of Health Services Regulation.

#### Governing Body Implementation and Oversight

The Division of Mental Health, developmental Disabilities, and Substance Abuse services will provide an external inspection and technical assistance team to Cherry Hospital to provide ongoing assistance and monitoring. This team is composed of a psychiatrist, nursing, and social work professionals

**A 115 Patient Rights**

A) Please refer to Tag A043 A)

B) Please refer to Tag A043 B)

C) Please refer to Tag A043 C)

**A 122 Patient Rights:  
Grievance Review Time  
Frames.**  
Please refer to A043 C)

**A 144 Patient Rights : Care in Safe Environment.**

- 1) Refer to A 043 A) thru I)
- 2) 2. A directive from the Director of Nursing was issued on 8/19/08 clarifying the role of the HCT. Each HCT will sign the directive to indicate he/she has received a copy of his/her signed job description and 2008-2009 Work Plan. The signature will also indicate review of attached policies and discussion with a supervisor if the HCT has any questions. All HCTs will review the information and sign the directive by 8/25/08.

**A 145 Rights free from  
Abuse/Harassment**

1. Please refer to A 043 A) thru I).

2 Administration of Medication by  
Unlicensed Personnel

The unlicensed staff member involved in the occurrence received disciplinary action and was re-educated regarding the role of the Health Care Technician on 7/10/08. In addition, the Licensed Practical Nurse person who allowed the HCT to administer medications

was issued disciplinary action on 7/11/08. In order to ensure that all Health Care Technicians at the facility understand their scope of practice, a read and sign directive will be issued by the Director of Nursing on 8/18/08. The memo will address the role of the Health Care Technician which explicitly prohibits administration of medications by the Health Care Technician. Each HCT will sign the directive to indicate he/she has received a copy of his/her signed job description and 2008-2009 Work Plan. The signature will also indicate review of attached policies and discussion with a supervisor if the HCT has any questions. All HCTs will review the information and sign the directive by 8/25/08.

To validate that medications are being administered only by licensed personnel, additional oversight by RNs will be implemented on the wards. **(Refer to plan listed in A043, A, Supervision.)**

### 3. LPN Performance Issue

The LPN involved in the occurrence was retrained in CPR on 6/25/08. In order to ensure that all LPNs are competent to respond to emergency situations, a competency validation for all LPNS will be completed by 8/25/08.

**(Refer to Exhibit P: Medical  
Emergency/Code Blue  
Competency)**

**4. Delay in PA Notification**

The Director of Nursing will issue a directive instructing staff about prompt notification of the Physician Extender following all incidents/accidents. The directive was issued on 8/19/08 and will be reviewed by all nursing services staff members by 8/25/08. **(Refer to Exhibit C)** The Performance Improvement (PI) Department will conduct a review of a random sample of 25 medical records per month to monitor that nursing staff are promptly notifying the Physician Extender of incidents/accidents.

**A 385 Nursing Services**

1. Please refer to all of A 043 A)  
thru I)

**A 392 Staffing and Delivery of  
Care**

1. Please refer to A 043 A) thru I).



**A 395 Supervision Of Nursing  
Care**

1. Please refer to A 043 A) thru I)

**A 397 Patient Care Assignments**

1. Please refer to A 043 A) thru I)

**A 405 Administration Of Drugs**  
1. Please refer to A 043 A) thru I)

## IJ: Plan of Correction for Nursing Services Training Schedule

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**Mandatory for RNs, LPNs, HCTs**

**Location: Royster 3D6**

**Wednesday Aug 13<sup>th</sup>**

1:00pm-2:30pm

5:00pm-6:30pm

**Thursday Aug 14<sup>th</sup>**

7:30am-9:00am

10:00am-11:30am

1:00pm-2:30pm

4:00pm-5:30pm

9:00pm-10:30pm

**Friday Aug 15<sup>th</sup>**

7:30am-9:00am

1:00pm-2:30pm

5:00pm-6:30pm

8:00pm-9:30pm

**Saturday Aug 16<sup>th</sup>**

8:00am-9:30am

10:00am-11:30am

7:45pm-9:15pm

9:30pm-11:00pm

**Sunday Aug 17<sup>th</sup>**

5:00pm – 6:30pm

**Monday Aug 18<sup>th</sup>**

7:45am-9:15am

10:00am-11:30am

1:00pm-2:30pm

3:45pm-5:15pm

**Tuesday Aug 19<sup>th</sup>**

7:45am-9:15am

1:00pm-2:30pm

## IJ: Plan of Correction for Nursing Services

August 13 – 19, 2008  
Cherry Hospital  
Goldsboro, NC

## Training Components

- o De-escalation Techniques & NCI Bite Release Demonstration
- o Negligence
- o Policy Updates
- o Hand-Off Communication
- o LPN/RN Scope of Practice
- o Documentation

## Negligence

- o Negligence is the failure to provide care or services necessary to maintain the mental and physical health of the client.

Human Rights for Clients in State Facilities  
10A NCAC 28A .0102

## Six Major Categories of Negligence

1. Failure to follow standards of care
2. Failure to use equipment in a reasonable manner
3. Failure to communicate
4. Failure to document
5. Failure to assess and monitor
6. Failure to act as a patient advocate



## Examples of Neglect

- o Failure to follow medical orders (patient refusal of PPD skin test, EKG, dressing change, lab work, medication, etc. if not referred to the medical provider)
- o Failure to perform a complete admission assessment and develop a plan of care
- o Failure to notify the medical provider in a timely manner when conditions warrant it (such as refusal to eat, drink or comply with nutritional orders)
- o Failure to listen to a complaint and act on it
- o Failure to report & follow-up on patient injuries
- o Failure to document a patient's progress and response to treatment
- o Failure to adhere to institutional policies and procedures (such as refusal of bath for 3 days or reporting a patient fall)



## More Examples of Neglect

- o Failure to rescue in medical or behavioral emergencies (low BS, chest pain, low BP, elevated BP)
- o Failure to notify RN/MD of changes in patient condition (falls, seizures, VS, etc.)
- o Failure to report patient falls to the PA
- o Failure to follow the chain of command to resolve clinical issues (unclear medication dosage, patient fall and PA does not respond to assess patient within 30 minutes, etc.)
- o Failure to ensure hand-off communication that is timely and meaningful
- o Failure to assure ongoing assessment by the RN (each shift following an accident, injury or illness)
- o Failure to monitor and document (I&O, elimination, nutrition)
- o Failure to ensure same standard of care on Saturday, Sunday and holidays (x-rays, EKG, labs, reassessments, etc.)



## Policy Updates

- o Weights: Nursing Services Policy
  - Weights are obtained upon admission and at least every month thereafter, unless specified otherwise in the medical order, to determine any significant weight loss/gain.
  - Monthly weights are obtained and recorded generally by the HCT.
  - Refusals or inability to obtain the weight is noted on the ward report and reported to the ward RN.
  - Additional attempts to weigh the patient are documented until the weight has been obtained.
  - The RN monitors patient weight as part of his/her ongoing assessment.



## Policy Updates

- o Weights: Nursing Services Policy (cont.)
  - Any weight loss/gain is assessed for significance using the last recorded weight as baseline. A loss/gain of 5% in the last 30 days is significant. The RN will assess for contributing factors to the weight loss/gain and document findings in the progress note.
  - The RN will then place the patient in sick call for review by a medical provider.



## Policy Updates

- Meals and Nourishments: Nursing Services Policy
  - ✦ The RN assesses for cultural, religious, and ethnic food preferences at the time of admission and notifies the medical provider/Nutritional Services as appropriate.
  - ✦ The HCT ensures patients receive meals and supplements as prescribed.
  - ✦ The ward diet list is updated with any change of diet order. It is reviewed nightly at the time of the 24 hour chart check. Corrections in the diet list are made on the electronic list as necessary.
  - ✦ Prior to serving the tray/meal/nourishment, the HCT checks the diet card/ticket/nourishment list to ensure that it is correct.



## Policy Updates

- Meals and Nourishments: Nursing Services Policy (cont.)
  - ✦ The RN or LPN records nutritional intake at meal times on the Multipurpose Flowsheet as  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or all. Refusals are also noted on the Multipurpose Flowsheet.
  - ✦ A LPN or RN remains in the dining room until the last patient has left.
  - ✦ The Ward RN monitors and documents meal consumption for patients who remain on the ward to eat.
  - ✦ The RN assesses for a pattern of refusals and reports to medical provider as appropriate.
  - ✦ The Ward RN monitors the Multipurpose Flowsheet every shift to ensure adequate intake.



## Policy Updates

- Intake and Output: Nursing Services Policy
  - ✦ I & O Worksheet is used during the shift – not a permanent part of the medical record
  - ✦ Amounts totaled each shift by HCT
  - ✦ 24-hour grand total end of evening shift by HCT
  - ✦ RN assesses I & O daily and signs after evening shift



## Policy Updates

- Intake and Output: Nursing Services Policy
  - ✦ Intake monitoring if:
    - ☐ Ordered
    - ☐ Fluid restriction
    - ☐ Force/push/encourage fluids
    - ☐ Feeding tube
  - ✦ Document cc's or ml's each shift and 24-hour grand total



## Policy Updates

- o Intake and Output: Nursing Services Policy
  - General output monitoring if:
    - Ordered
    - Fluid restriction
    - Force/push/encourage fluids
    - Feeding tube
  - Document # voids as reported by patient or # wet diapers per shift



## Policy Updates

- o Intake and Output: Nursing Services Policy
  - Strict I & O if:
    - IV fluids/piggybacks
    - IV diuretics
    - Feeding tube
    - Indwelling urinary catheter
    - Medical order for strict I & O
  - Document all I & O in cc's or ml's
  - Patient to be in PMU



## Policy Updates

- o Intake and Output: Nursing Services Policy
  - Force/push/encourage fluids:
    - Offer 8 oz. q 2 hours 6:00 am – 9:00 pm
    - Encourage water, milk or sugar-free beverages
    - Report patient refusals to the medical provider



## Policy Updates

- o Intake and Output: Nursing Services Policy
  - Fluid restriction:
    - Amount to be specified in medical order
    - Maintain CA 1:1



## Hand-off Communication

- Hand-off communication should occur at multiple different times, for example during Shift report, or when accepting a patient on precautions from another staff, when transferring care to the treatment hall staff or when a patient displays unusual behaviors (a loud, active patient becomes quiet, a patient appears to be becoming agitated, a normally compliant patient starts to act out, etc).
- Effective Tuesday August 19<sup>th</sup> at 11:00pm
  - 7:00am-3:30pm Day shift
  - 3:00pm-11:30pm Evening Shift
  - 11:00pm-7:30am Night Shift
- Assignment Sheet changes
  - HCT responsibility changes
- The RN on the previous shift will make assignments for the next shift.
- HCT assignment worksheet
  - To be used during report to write pertinent information.
  - To be used as a tool, to report off to the Ward RN at end of shift.



## Shift Report

- Elements that must be included during report.
  - Required Persons Are Present
  - Kardex & Ward Report Is Used
  - Assignments Are Communicated to Staff
  - Basic Nursing Care Issues Are Discussed (nutrition, hydration, elimination, general activity)
  - Assignment Worksheets Are Used by HCTs
  - RN and LPN Takes Notes During Report
  - Staff Are Attentive
  - Rounds for Accountability Are Completed
  - Departing Staff Remain on Ward Until End of Shift Report and Until On-Coming Staff Assume Responsibility



## Nurses Scope of Practice

- PRN, Stat, One Time Dose of Medication
  - RN responsibility
    - § 90-171.20 "Assessing the patients physical and mental health including the patients reaction to illnesses and treatment regimens". "Reporting and recording the plan of care, nursing care given, and the patients response to that care".
  - LPN responsibility
    - §90-171.20 "Participating in the assessment of the patients physical and mental health including the patients reaction to illnesses and treatment regimens"

North Carolina Nursing Practice Act, July 2007



## Progress Note Schedules

- Effective Wednesday, August 20, 2008
  - Patients are re-assessed by the RN:
    - Q shift (8 hour shifts) x 3 days with a narrative note, then q 3 days while acute with the pre-printed RN Progress Note form
    - Ongoing reassessment is evidenced by RN documentation (signature) on the Multipurpose Flowsheet, VS/Glucose/Weight Flowsheet, MAR and I & O Record (if applicable)
    - Reassessment REQUIRED by the RN whenever there is a change in condition



## Progress Note Schedules

- o Effective Wednesday, August 20, 2008 –
  - Patients in a non-acute level of care are reassessed:
    - Q 7 days, and
    - Whenever there is a change in condition



## Documentation by LPN/RN

- o Documentation is communication that reflects the care provided, the effects of care and the continuity of care for a patient.
- o Clear, complete and accurate documentation in a medical record provides a reliable permanent record of patient information.



## Documentation

- o All nursing documentation must be:
  - Clear, concise and comprehensive
  - Reflective of observations
  - Timely, completed only during or after giving care
  - Chronological
  - Legible and non-erasable
  - Patient-focused



## Correction of Errors

- o Draw single line through the entry error
- o Write error over the entry
- o Document the date and your initials
- o Record the correct entry legibly above or near the original entry
- o Use only Cherry Hospital approved abbreviations

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Discussion

o Questions?

Nursing Assignment Sheet  
7:00 a.m. – 3:30 p.m

Unit \_\_\_\_\_

Ward \_\_\_\_\_

Date \_\_\_\_\_

Charge RN \_\_\_\_\_

Medication Nurse \_\_\_\_\_  
(Responsible for Monitoring Dining Room)

Lead HCT \_\_\_\_\_

2<sup>nd</sup> RN \_\_\_\_\_

NSA/Contact RN \_\_\_\_\_

Alternate  
Lead HCT \_\_\_\_\_

List each HCT's full name at top and indicate with a ✓ if duty is assigned to staff

Assigned Duties							
Patient Accountability done every hour with random check between hour							
Environmental Safety rounds q 30 min							
Make rounds/report to on-coming shift							
Assist with lab work (i.e. complete lab slips, dental/radiology referrals)							
Complete Safety/Sanitation check list							
Review flow sheet book for completion							
Ensure staff assignments, pt rights, advocacy/attorney info is posted							
Give each patient Treatment Mall Schedule							
Clean restrooms, linen/storage closet & restock with paper towels/tissue							
Clean dayroom, office, activity, and conference rooms							
Sign for & distribute mail							
Assist with smoke breaks and perform cigarette accountability							
Take out trash and linen; lock trash cans							
Assist with admission workups, transfers, and/or discharges							
Monitor time patients are on phone							
Monitor patients at the medication cart and assist with vital signs prn							
Escort patients to lab, clinics, appointments, etc. prn							
Assist with money call and money log sheet							
Complete searches and document all searches on Search Progress Note							
Monitor and assist patients in Dining Room (breakfast & lunch meals)							
All Staff							
<ul style="list-style-type: none"><li>Receive report from off-going shift.</li><li>Actively engage patient in milieu</li></ul>				<ul style="list-style-type: none"><li>Notify RN of escalating behavior or changes in patient status.</li><li>Initiate incident reports, as necessary.</li></ul>			

Staff on Duty Meal Breaks

Staff Name	Meal Time	Staff Name	Meal Time	Staff Name	Meal Time

Emergency/Code Assignments	
Unlock door, assist with elevator access	

[illegible]

BT:8/13/08

Nursing Assignment Sheet  
3:00 p.m. – 11:30 p.m.

Unit \_\_\_\_\_  
Ward \_\_\_\_\_

Date \_\_\_\_\_

Charge RN \_\_\_\_\_

2<sup>nd</sup> RN \_\_\_\_\_

Medication Nurse \_\_\_\_\_  
(Responsible for monitoring Dining Room)

NSA/Contact RN \_\_\_\_\_

Lead HCT \_\_\_\_\_

Alternate  
Lead HCT \_\_\_\_\_

List each HCT's full name at top and indicate with a ✓ if duty is assigned to staff

Assigned Duties							
Patient Accountability done every hour with random check between hour							
Environmental Safety rounds q 30 min							
Make rounds/report to on-coming shift							
Assist with lab work (i.e. complete lab slips, dental/radiology referrals)							
Complete Safety/Sanitation check list							
Review flow sheets for completion							
Ensure staff assignments, pt rights, advocacy/attorney info is posted							
Issue linen, clothing, and monitor showers/bathing							
Clean restrooms, linen/storage closet & restock with paper towels/tissue							
Clean dayroom, office, activity, and conference rooms							
Assist with smoke breaks and perform cigarette accountability							
Take out trash and linen; lock trash cans							
Assist with admission workups, transfers, and/or discharges							
Provide outside activities for patients							
Administer snacks							
Monitor patients at the medication cart and assist with vital signs prn							
Escort patients to lab, clinics, appointments, etc. prn							
Complete searches and document all searches on Search Progress Note							
Monitor and assist patients in dining room (supper meal)							
Monitor hallway/pt. room's at bedtime							
Sign for/distribute mail							
Monitor bathing							
All Staff							
<ul style="list-style-type: none"><li>• Receive report from off-going shift</li><li>• Actively engage patient in milieu</li></ul>				<ul style="list-style-type: none"><li>• Notify RN of escalating behavior or changes in patient status.</li><li>• Initiate incident reports, as necessary.</li></ul>			

Staff on Duty Meal Breaks

Staff Name	Meal Time	Staff Name	Meal Time	Staff Name	Meal Time



# Nursing Assignment Sheet

11:00 p.m. – 7:30 a.m

Unit \_\_\_\_\_  
Ward \_\_\_\_\_

Date \_\_\_\_\_

Charge RN \_\_\_\_\_

2<sup>nd</sup> RN \_\_\_\_\_

Medication Nurse \_\_\_\_\_  
(Responsible for Monitoring Dining Room)

NSA/Contact RN \_\_\_\_\_

Lead HCT \_\_\_\_\_

Alternate  
Lead HCT \_\_\_\_\_

List each HCT's full name at top and indicate with a ✓ if duty is assigned to staff

Assigned Duties							
Patient Accountability done every hour with random check between hour							
Environmental Safety rounds q 30 min							
Make rounds/report to on-coming shift							
Assist with lab work (i.e. complete lab slips, dental/radiology referrals)							
Complete Safety/Sanitation check list							
Review flow sheet book for completion							
Submit request for personal comfort and central supply items to unit secretary							
Ensure staff assignments, pt rights, advocacy/attorney info is posted							
Clean restrooms, linen/storage closet & restock with paper towels/tissue							
Clean dayroom, office, activity, and conference rooms							
Clean charts weekly on _____, Add charting materials nightly PRN							
Assist with smoke breaks and perform cigarette accountability							
Take out trash and linen; lock trash cans							
Assist with admission workups, transfers, and/or discharges							
Bring in laundry carts							
Strip beds weekly on _____							
Monitor patients at the medication cart and assist with vital signs prn							
Record all refrigerator temperatures							
Sanitize washing machine & ensure lint trap is clean on dryer							
Monitor hallways/patient rooms at bedtime							
Clean staff bathrooms & replenish supplies							
Monitor and assist patients in dining room (breakfast meal)							

## All Staff

- Receive report from off-going shift.
- Awake patients at 6am and assist RN with medication pass.
- Notify RN of escalating behavior or changes in patient status.
- Initiate incident reports, as necessary.
- Actively engage patients in milieu.

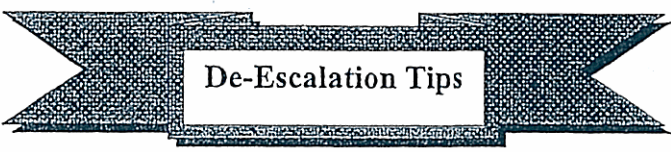
## Staff on Duty Meal Breaks

Staff Name	Meal Time	Staff Name	Meal Time	Staff Name	Meal Time

Emergency/Code Assignments	
Unlock door, assist with elevator access	

Patient/Staff Assignments		(indicate with a ✓ if note is due)	

Patient/Staff Assignments must be posted in patient view every shift.



## De-Escalation Tips

### Be Proactive, Not Reactive. Attend to Patients Before the Situation Gets Out of Control

1. Always identify yourself with name and title.
2. Use the person's correct / preferred name.
3. Stand relaxed, facing the person, let arms hang loosely by your side, hands open. Avoid sudden movements.
4. Give the person space. Stay at least an arm's distance away.
5. Engage therapeutically. Do not raise your voice, curse, argue, make threats, give ultimatums and demands or be sarcastic. Do not point or shake your finger.
6. Remain calm. Do not take any screaming or abusive statements as a personal insult.
7. Avoid engaging in power struggles and control issues. (Examples of responses to avoid: "I have keys and you don't", "Do it because I said so." "You must sit in this chair because I told you to.")
8. Speak in a quiet, calm, soothing and caring tone. (Your voice tends to be high-pitched when anxious)
9. Listen sincerely to the person. Place yourself at the person's level if possible and maintain good eye contact. Use phrases like "I want to help you. Tell me how I can assist you."
10. Limit stimulation and traffic in the area and offer a quieter setting.
11. Never turn your back to the person.
12. Allow the frustrated person time to discuss feelings/concerns.
13. Be honest. Do not make promises you can't keep.
14. Offer choices of appropriate behavior. (Example: A patient comes into the Nursing Station. Redirect the patient of the need to move to another area, by offering choices such as "Do you want to go to the dayroom, your room or the activity room?") (Example: A patient approaches a staff member and asks to speak with him. The staff member should avoid saying "I can't talk to you, go back to the dayroom. Instead the staff member should respond. "I am busy with another task right now but I will talk with you \_\_\_\_\_ (give a defined time.)
15. Choices and limits should be firm, clear, and concrete.

NOTE: Talking may prevent a Restrictive Intervention.



## ***DOCUMENTATION TIPS*** ***For*** ***LICENSED PRACTICAL NURSES***

### **Remember:**

1. The chart is a legal document and is considered the most reliable source of information in determining what happened and what care was provided.
2. If it is not charted, there is no proof it happened.
3. To avoid subjective opinions and stick to the facts.
4. To enter "legible" handwriting.

### **Progress Notes Should Include:**

Important and pertinent information about the patient and his/her care. It is not the place to document feelings about the facility, staff, or policy.

If the patient is a diabetic include:

- Blood sugars, especially those out of range and actions taken.
  - Who you notified, instructions/orders given/ your follow-up and the patient response.

If there is a wound/skin condition:

- Describe it: size, shape, character (redness, scale, exudate), blisters, pustules.
  - Monitoring and treatment implemented and patient's response.
  - Is there itching, soreness, or pain?
  - Reinforce education initially taught by the RN.